RBCA Tier 1 24-HOUR RELEASE REPORT

Notification Date	Time	By
Reported by		Title
Address		Phone
Date Release Discovered		Time

ALL INFORMATION MUST BE REPORTED WITHIN 24 HOURS OF RELEASE DISCOVERY

FACILITY ID#_____   **RELEASE ID#**_____

Facility Name_____

Type of Facility_____ Federally Regulated Tanks? **Y/N**

Release Location Description_____

Release Location Address _____

City_____ Zip_____

Facility Owner/Operator Name_____

Contact Person Name_____ Phone_____

Contact Person Mailing Address _____
(if different from above)

City_____ State_____ Zip_____

Property Owner Name_____ Phone_____
(if different from facility owner)

Property Owner Address_____

City_____ State_____ Zip_____

RELEASE DESCRIPTION (Indicate All Unknowns with UK)

1.   Cause of Release _____

2.   Product Lost From: Tank_____ Pipe_____ Overfill/Spill_____
       Estimated Amount Lost _____(gallons)

3.   Tank ID#(s)   _____,_____,_____,_____,_____,_____,_____

       Product Type(s)   _____,_____,_____,_____,_____,_____,_____

       Tank/Pipe Age(s)   _____,_____,_____,_____,_____,_____,_____

       Capacity(ies)   _____,_____,_____,_____,_____,_____,_____

       Material of Construction: Steel _____Fiberglass_____ Other_____

4. UST/PST System Type(s) _____ Underground Tanks & Piping
_____ Aboveground with Underground Pipe
_____ Aboveground with Aboveground Pipe
_____ Piping <u>Pressure/Suction</u>

Other (explain)_____

5. How Was Release Discovered?
_____ Tank/Piping Removal
Soil Staining <u>Y/N</u>, Odors <u>Y/N</u>, Sheen on Groundwater <u>Y/N</u>
Field Monitoring Equipment Used? <u>Y/N</u> (give readings)

_____,_____,_____,_____,_____,_____

_____ Soil/Water Samples (results) _____,_____,_____,_____

_____ Tightness Test   Tested by _____

_____ UST System Leak Detection Equipment (type) _____

_____ Surface Spill (estimated amount) _____

_____ Complaint

_____ Product Inventory (loss amount) _____

_____ Other (describe)_____

6. Check if impacts to: Are Known   Are Potential
Groundwater   _____   _____
Surface Water   _____   _____
Drinking Water Supply   _____   _____
Public___ Private ___

7. Estimated depth to groundwater _____ How estimated _____

8. Estimated distance from release site to drinking water supply _____

9. Is free product present? **<u>Y/N</u>** How determined _____ Thickness _____

DEQ RELEASE PRIORITY   _____ LOW _____ MEDIUM   _____ HIGH

LOCAL CONTACTS [List all Local Officials contacted. Include: name, department, address, phone number (i.e. Fire, Health, Public Works)].

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

RELEASE BACKGROUND/IMPACT (Explain in detail how and when the release was suspected and/or confirmed.

Are Third Parties affected? Is groundwater contaminated? Any other pertinent information.)

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PROPOSED RELEASE RESPONSE (Explain in detail what the proposed release response plan entails. Include:
dates, times, contractors, procedures, etc.)

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STARS REPORT INFORMATION

Date Release Confirmed   (40)_____   Date Cleanup Initiated   (10)_____
Date Release Under Control   (20)_____   Date Cleanup Completed   (30)_____

Remediation Type: (circle all that apply) *Bio Remediation, Landfarming, Landfilling, Soil Excavation, Soil Washing, Thermal Destruction, Chemical Treatment, Air Stripping, Carbon Filter, Dissolved Air Floatation, Filtration, Vapor Extraction, Steam Stripping, Soil Venting, Pump & Treat, Other:* _____

CORRESPONDENCE INFORMATION/CHRONOLOGY

	Code	Date Required	Date Rec'd/Approved

1.   **10**_____   _____   _____

Comment:**Confirmation of Release (date release was discovered)** _____

_____

2.   **21**_____   _____   _____

Comment: **24-hour release report** _____

_____

3.   **22**_____   _____   _____

Date Sent:_____Comment: **30-day release letter sent to RP**

4.   **23**_____   _____   _____

Comment: **30-day follow-up report rec'd** _____

_____

5.   _____   _____   _____

Date Sent:_____Comment:_____

_____

6.   _____   _____   _____

Date Sent:_____Comment:_____

_____

7.   _____   _____   _____

Date Sent:_____Comment:_____

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